

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1176

State File No.

Registration District No. 39

Primary Registration District No. 1002

Registrar's No. 215

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 29th & S.W. 1 Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ray Dowell Ross Eldred

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m Color or race n
5. Color or race n
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fern Eldred
6. (c) Age of husband or wife if alive 8-20-1901 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Camden County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Geophysical Asst.

11. Industry or business 3. N. Eldred

12. Name Camden County, Mo. (City, town, or county) (State or foreign country)

13. Birthplace Camden County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Agnes

15. Birthplace Camden County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ray Eldred

(b) Address State Creek Mo.

17. (a) Burial (b) Date thereof 1-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation State Creek Mo.

18. (a) Signature of funeral director H. T. ...

(b) Address 118th St. Mo.

19. (a) 1/18/42 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Jackson City
(If outside city or town limits, write "RURAL" and give location)
(d) Street No. 916 Forest
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)

20. DATE OF DEATH: Month 1-6-42 year 1942 hour 7:50 minute PM

21. I hereby certify that I attended the deceased from 1942 to 1942 that I last saw Deputy Cor and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot, Chest Duration

Due to 166

Due to 166

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence 1-6-42

(c) Where did injury occur? Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(e) Means of injury

23. Signature Russell ... (M. D. or other)

Address Date signed

FEB 17 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by.....

Francis Walton....., Registered Apprentice No. 2744
working under my personal supervision.

Signed.....

J. K. [Signature]
Licensed Embalmer No. 2744

P. O. Address H. C. [Signature]

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.